

Skelmersdale  
Urban District Council.

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**Annual Report**

OF THE  
Medical Officer of Health  
FOR  
THE YEAR 1937.



*Herbert E. Marsden, M.B., Ch.B., D.P.H.*

*of Gray's Inn, Barrister-at-Law.*

*Justice of the Peace for the County of Lancaster.*

*Medical Officer of Health.*



*SKELMERSDALE*  
URBAN DISTRICT COUNCIL,  
1937.

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Chairman :—JOHN JOS. VEALL.

Vice-Chairman :—WM. G. KEATES

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# ANNUAL REPORT.

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*To the Chairman and Members of the Skelmersdale Urban  
District Council.*

GENTLEMEN,

I have the honour to present my tenth Annual Report on the health of the District for the year 1937.

The Registrar General's estimate of the population to the middle of the year is 6,177, a rise of eighty-six on the previous year.

The birth rate is 14·2, the figure for the previous year being 14·1. The figure is 1·4 less than the figure for the five years average 1932-1936.

The death rate is 10·5, which is ·9 more than the figure for 1936, and 1·1 less than the figure for the five years' average, 1932-36.

Infantile mortality shows a slight fall from 58 per 1,000 births in 1936 to 56 in 1937. This figure compares favourably with that for England and Wales, i.e. 58 per 1,000 births in 1937. There were actually 88 live births during the year, and of these five infants died during the first year of life.

I am glad to be able to report once more an exceptionally low incidence of infectious disease. Seven cases of scarlet fever were reported and two cases of diphtheria.

Notification of all forms of infectious disease has been very efficient, and the opportunity is taken of thanking the general practitioners for their helpful co-operation. Head teachers of schools and the school attendance officer have been particularly energetic in reporting cases occurring in their schools of infectious disease which are not compulsorily notifiable.

A most important item of health progress has been the inauguration of a scheme for the immunisation of children against diphtheria and scarlet fever. This was commenced in May, 1935, and the response has been fairly satisfactory. A description of the work done will be found in the body of the Report.

I have the honour to be,

Your obedient Servant,

(Signed) HERBERT E. MARSDEN,

Medical Officer of Health.

Town Hall,  
Skelmersdale,  
May, 1938.



# ANNUAL REPORT.

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## SECTION A. STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Medical Officer of Health—HERBERT E. MARSDEN,  
J.P., M.B., Ch.B., D.P.H., Barrister-at-Law.

(Medical Officer of Health for the West Lancashire Rural  
District.)

Sanitary Inspector—EDWARD HUNTINGTON.

(Also Surveyor to the Skelmersdale Urban District.)

Area of District—1,942 acres.

Resident population (Registrar General's estimate at mid-  
1937)—6,177.

Number of inhabited houses, according to Rate Books at end  
of 1937—1,644.

Rateable value—£18,667. Sum represented by a penny rate—  
£68.

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Skelmersdale may be described as a small mining and manufacturing town at the Western extremity of the Lancashire coalfield. With one small exception, a mine which employs about 12 men, the collieries are all closed down, and those operatives who are not on the unemployed roll have obtained employment outside.

A hundred go to St. Helens Collieries, and a further hundred to Huyton by special buses.

A shoe factory employs about 632 persons exclusive of out-workers ; a weaving works 159, and a straw rope works 83, of whom 80 are women and girls. A newly-established brickworks outside the town has about 30 Skelmersdale operatives.

There has been considerably-increased activity in the building and allied trades in Skelmersdale during the year.

Skelmersdale is a distressed area. It is part of the Ormskirk employment area. There has been no improvement during 1937, 1390 names being on the Ormskirk register at the end of that year, as against 1230 at the end of 1936. Separate figures are not available for Skelmersdale.

An organised scheme of training for juveniles is sorely needed.

There are undoubtedly many unemployed agricultural workers who are not included in the figures shown.



## SUMMARY OF VITAL STATISTICS FOR 1937.

	Total	M.	F.
Live Births (Legitimate) .....	83	43	40
(Illegitimate) .....	5	3	2
Birth Rate per 1,000 of the estimated population—14·2.			
Stillbirths .....	2	1	1
Rate per 1,000 total (live and still) births—22.			
Deaths.....	65	30	35
Death Rate per 1,000 of the estimated resident population—10·5.			
Adjusted Death Rate (comparability factor 1.19)—12.4 per 1,000.			
	Deaths.	Rate per 1,000 total (live and still) births.	
Deaths from Puerperal Causes :—			
Puerperal sepsis .....		nil	
Other puerperal causes .....		nil	
Total .....		nil	
Deaths of Infants under one year of age :—			
All infants per 1,000 live births.....		56	
Legitimate infants per 1,000 legitimate live births .....		60	
Illegitimate infants per 1,000 illegitimate live births .....		nil	
Deaths from Measles (all ages) .....		nil	
„ „ Whooping Cough (all ages) .....		nil	
„ „ Diarrhoea (under 2 years of age) .....		nil	

### BIRTHS.

The number of births recorded in the Urban District during the year was 88, equal to a rate of 14·2 per 1,000 of the population. This represents an increase of ·1 on the figure for 1936, and a decrease of 1.4 on the five years' average 1932–1936.

### DEATHS.

The total deaths registered in the Urban District during the year numbered 65. This figure was arrived at after deducting deaths of non-residents and adding those of residents dying outside the district. Of this number 30 were males and 35 were females.

The death rate for the year was thus 10·5 per 1,000, and was ·9 per 1,000 more than in 1936, and 1·1 less than the mean of the five years average 1932–1936.

### ZYMOTIC DEATH RATE.

The seven zymotic diseases, as defined by the Registrar General are :—Smallpox, measles, scarlet fever, diphtheria,

whooping cough, " fever " (i.e., typhus, enteric fever, and simple continued fever), and diarrhœa. Of these diseases, enteric fever mortality is perhaps the best test of sanitary condition, caused as it is by specific contamination of soil and water by excreta ; whilst diarrhœa, with its special incidence in young children, is notably associated with insanitary surroundings.

There were no deaths registered during the year as being due to zymotic disease.

#### EPIDEMIC DEATH RATE.

There were no deaths from epidemic diseases during the year. The epidemic diseases do not include diarrhœa.

#### INFANTILE MORTALITY.

There were 5 deaths of infants under one year of age, which gives an infantile mortality rate of 56 per 1,000 births.

Following is a comparison of the foregoing rates with those of England and Wales :—

ADJUSTED.

	Birth Rate per 1000 living.	Death Rate per 1000 living.	Epid.-inc. Death Rate per 1000 living	Infantile Mortality per 1000 Births.
England and Wales ..	14.9	12.4	0.023	58
Skelmersdale U.D. ..	14.2	10.5	—	56

TABLE 1.

Showing birth rates, death rates, epidemic death rates, and infantile mortality rates for the Skelmersdale Urban District since 1923 compared with England and Wales.

ADJUSTED.

YEAR	Birth Rates.		Death Rates		Epidemic Death Rates.		Infantile Mortality Rates.	
	England & Wales.	Skelmers- dale	England & Wales.	Skelmers- dale	England & Wales.	Skelmers- dale.	England & Wales.	Skelmers dale.
1923	19.7	19.4	11.6	10.2	0.35	0.14	69	133
1924	18.8	16.2	12.2	9.2	0.31	0.0	75	52
1925	18.3	17.5	12.2	10.6	0.39	0.14	75	56
1926	17.8	17.5	11.6	13.2	0.29	0.0	70	114
1927	16.7	15.7	12.3	11.1	0.27	0.14	69	73
1928	16.7	15.8	11.7	10.9	0.26	0.44	64	55
1929	16.3	14.7	13.4	13.5	0.41	0.44	74	70
1930	16.3	14.0	11.4	12.2	0.14	0.27	60	70
1931	15.8	15.8	12.3	10.9	0.38	0.16	66	40
1932	15.3	15.0	12.0	12.3	0.23	0.32	65	107
1933	14.4	17.5	12.3	13.5	0.18	0.32	64	37
1934	14.8	16.0	11.8	12.6	0.43	0.16	59	144
1935	14.7	15.6	11.7	14.2	—	0.49	57	52
1936	14.8	14.1	12.1	11.4	0.045	0.32	59	58
1937	14.9	14.2	12.4	10.5	0.023	0.0	58	56

There has been no sickness nor invalidity during the year so noteworthy as to give rise to particular comment.

No environmental or occupational conditions appear to have had a prejudicial effect on health.

Despite the presence of a high percentage of unemployment there is an improvement in cleanliness and physique of school children. As causative factors may be mentioned instruction given at the Child Welfare Centre and at schools, and the milk scheme.

There is a general improvement in cleanliness of houses, and this is particularly noticeable where occupiers have been able to acquire new dwellings.

TABLE 2.  
CAUSES OF DEATH IN THE SKELMERSDALE URBAN  
DISTRICT, 1937.

Causes of death.	Males.	Females.
All Causes.	30	35
Typhoid and Paratyphoid Fevers.....	—	—
Measles .....	—	—
Scarlet Fever .....	—	—
Whooping Cough .....	—	—
Diphtheria .....	—	—
Influenza .....	—	—
Encephalitis Lethargica .....	—	—
Cerebro-spinal Fever.....	1	2
Respiratory Tuberculosis .....	—	—
Other tuberculous diseases .....	—	—
Syphilis .....	—	—
General paralysis of the insane, tabes dorsalis .....	1	—
Cancer, malignant disease .....	3	5
Diabetes .....	1	—
Cerebral hæmorrhage, etc. ....	2	3
Heart Disease .....	5	14
Aneurysm .....	—	—
Other Circulatory Diseases.....	2	—
Bronchitis .....	2	2
Pneumonia (all forms) .....	4	—
Other respiratory diseases .....	—	1
Peptic Ulcer.....	—	—
Diarrhœa, etc. (under 2 years) .....	—	—
Appendicitis .....	—	—
Cirrhosis of liver .....	—	—
Other diseases of liver .....	—	1
Other digestive diseases .....	—	—
Acute and chronic nephritis .....	—	2
Puerperal sepsis .....	—	—
Other puerperal causes .....	—	—
Congenital debility, premature birth, malformation, etc. ....	3	2
Senility .....	2	—
Suicide .....	1	—
Other violence .....	—	—
Other defined diseases .....	3	3
Ill-defined causes .....	—	—
Deaths of Infants under 1 year.		
Total .....	3	2
Legitimate .....	3	2
Illegitimate .....	—	—



## SECTION B. GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

### LABORATORY FACILITIES.

Pathological and bacteriological specimens are sent to the appropriate departments of the University of Liverpool and Southport Infirmary and to Messrs. Evans Sons, Lescher and Webb, Runcorn, for examination.

Chemical analysis of water, when required, is done at Messrs. Evans' laboratories at Runcorn.

The following examinations were made during the year :— Eight swabs were examined for the presence of *Bacillus Diphtheriæ* ; one of these proved positive. Fourteen swabs were examined for *Hæmolytic streptococci*, which were found to be present in six swabs. One specimen of urine was examined for organisms of the typhoid group, but was found to be negative.

### AMBULANCE FACILITIES.

No ambulance is maintained in the township by the Local Authority or otherwise. Nevertheless, the ambulance facilities are completely adequate.

The Ormskirk General Hospital and the Wigan Royal Infirmary take cases from Skelmersdale, and both provide ambulances. The Lancashire Public Assistance Committee also have an ambulance attached to their Hospital at Ormskirk.

The West Lancashire Rural District Council remove infectious cases in their ambulance by contract with the Skelmersdale Council.

### NURSING IN THE HOME.

The Skelmersdale District Nursing Association is affiliated to the County Nursing Association. Its district includes Burscough Bridge, Lathom, Westhead, Hoscar and Newburgh, all of which townships are now in the Urban District of Ormskirk. The Association has adopted the Provident Scheme, but not Superannuation.

The District Nurse resides in Skelmersdale.

The following table gives particulars of the work done by the Nursing Association during the year, April 1st, 1937 to March 31st, 1938.

CASES NURSED.					VISITS.			TOTAL.	
Midwifery.	Maternity.	Medical.	Surgical.	T.B.	Nursing.	Anti-Natal	T.B.	Cases.	Visits.
—	—	67	46	2	2629	—	17	115	2629

## CLINICS AND TREATMENT CENTRES.

The Congregational Schoolroom in Witham Road is utilised every Wednesday morning as a Child Welfare Centre and Minor Ailments Clinic, under the direction of the appropriate Department of the County Medical Officer of Health.

In the afternoons an Immunisation Clinic is held on the same premises by the District Medical Officer of Health.

## HOSPITALS: PUBLIC AND VOLUNTARY.

There are no hospitals in the town.

The Ormskirk Public Assistance Hospital, and the voluntary hospitals at Ormskirk and Wigan, provide ample accommodation for medical and surgical cases, and there is a maternity ward at the Public Assistance Hospital.

Infectious cases are admitted to the West Lancashire Rural Council's hospital at Aughton, by agreement with that Authority, whilst smallpox and cerebro-spinal fever cases go to Liverpool, also by agreement.

## SECTION C. SANITARY CIRCUMSTANCES OF THE AREA.

### WATER SUPPLY.

The district is particularly well supplied with a wholesome water, 1480 houses being connected with the main.

There are now no houses supplied solely by a standpipe.

The water supply is obtained from an artesian well, situated at Scarth Hill, in the parish of Lathom, in the Lathom and Burscough Urban District. The Southport District Water Board are the undertakers for the supply.

It was not necessary to examine the piped supply during the year.

### SEWAGE DISPOSAL.

A large portion of the town is sewered. There are two small sewage farms. Treatment is by detritus tanks and land irrigation. A new Sewerage Scheme is under consideration.

### CLOSET ACCOMMODATION.

Privy middens—83. No. of closets attached to these middens—176.

This system does not exist in populous and closely-built centres.

No. of pail closets—27.

No. of dry ashpits (excluding middens)—103.

No. of houses on water carriage system—1474.

No. of fresh water closets—1474.



## PUBLIC CLEANSING.

Dry house refuse from pails and closets is collected weekly, and refuse from earth closets and privies are emptied monthly.

The dry refuse is taken to a tip provided by the Council, and the refuse from earth closets and privies is taken to the tip or used by farmers as manure.

There are no cesspools in the district.

1937.

1937.

## SCHOOLS

The town is well supplied with four schools, three of which are voluntary.

The medical inspection of the children is undertaken by the School Medical Department of the Lancashire County Council.

The table on page 17 shows the number of new cases of sickness causing absence from school, reported to the Medical Officer of Health weekly by the School Attendance Officer during the school terms. From the figures given it will be clearly seen that amongst the 819 children attending the Public Elementary schools in Skelmersdale 2074 new cases of absence from school for varying reasons were recorded.

While there were 42 absences from infectious diseases there were 971 cases of absence from sore throat, bronchitis, pneumonia and colds.

These figures are particularly gratifying, as they demonstrate clearly the increased resistance possessed by the scholars to all forms of invalidity. Better nutrition, improved standards of housing, games facilities, keenness in health education on the part of the teachers, immunisation treatment—all have played their part.

The numbers on roll at the end of 1937 in all the schools was practically the same as for the previous year—819 as against 818—yet the total number of new cases of absence from school was only 2074 as against 2491—a fall of about 17 per cent.

The fall in absences from infectious disease—116 in 1936 to only 42 in 1937—may in part be attributed to seasonal incidence, but the drop in sore throat, bronchitis, pneumonia and colds is more impressive, as the figures are only 971 as against 1126 for the previous year.

The average weekly absentee state from all forms of sickness or injury, expressed as a percentage of the total on roll of each school, was as under :—

	Methodist	St. Richard's	Endowed	Council Boys	Council Girls	Council Infants
Average Percentage of children notified weekly as new cases	7.2	5.5	6.1	5.2	6.3	6.7

All schools were closed from January 22nd to February 1st on account of the prevalence of influenza and colds throughout the town.

The Milk-in-Schools scheme is proving beneficial to those who take it. The children are more alert and their physique has improved noticeably. Many children would suffer hardship if the free milk were withheld.

One teacher reports that three bottles of milk daily for necessitous infants are more than these young children can assimilate. Generally they have difficulty in drinking the milk, and they become affected by lassitude. The supply of two bottles daily to these small scholars should be considered.

At the COUNCIL SCHOOL flooding in the south playground necessitated drainage work being carried out during 1937. Safety guards have been fitted in the Infants' cloakroom, to prevent children from swinging under dangerous rails.

There are many other improvements deserving of consideration. Lighting at present is by gas, and during the winter months is definitely inadequate. Great strain on the eyesight of both teachers and children is thereby occasioned.

Rooms are very draughty owing to ill-fitting windows. No Staff room is provided for men or women teachers, nor is there a separate medical inspection room.

A party of children was taken in the summer to camp for a week. This was an innovation in Skelmersdale. The change of food, fresh air and exercise had a markedly beneficial effect on the children. This is a step in the right direction, and should be repeated annually and extended to the other schools in the town.

Ceilings were repaired at the ENDOWED SCHOOL during the year. Playgrounds need levelling and re-surfacing, and adequate outside shelters should be provided for children in inclement weather. New wash-bowls should be provided.

Managers have not yet realised the advisability of providing material for adequate physical education in Skelmersdale. Shoes and clothing for exercises and games, shower baths after games, are inexpensive items.

Most important is the need of an adequate playing field which would be available for use by all the schools.

Head Teachers are asked to co-operate in the effort to improve the physical fitness of school-children: can it be wondered at that they are disheartened when the town possesses no field at all in which organised games can be played?



NUMBER OF NEW CASES REPORTED WEEKLY.

SCHOOL.	Smallpox	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Chickenpox	Mumps	Ringworm	Sore Throat	Bronchitis and Pneumonia	Colds	Minor injuries &c.	Other Diseases	Total	No. of Children on Register at end of 1917.
Methodist .....	—	3	1	—	2	15	—	—	21	6	127	22	179	376	122
St. Richard's R.C.....	—	1	—	—	4	1	—	—	13	5	93	34	100	251	116
Endowed.....	—	—	—	—	—	—	—	—	24	1	77	37	129	268	106
Council—Boys' .....	—	1	—	—	—	—	—	—	24	3	127	29	128	312	143
„ Girls' .....	—	—	—	—	—	3	—	1	44	3	158	25	155	389	147
„ Infants' .....	—	1	—	2	2	6	—	—	20	11	214	47	175	478	185
Total .....	—	6	1	2	8	25	—	—	146	29	796	194	867	2074	819
Total for previous year	—	5	—	—	15	47	59	1	225	43	858	265	973	2491	818

## HOUSING.

The standard of houses in Skelmersdale is poor generally. Dampness is prevalent. Although the town is free of "slums" it must be remembered that nearly all the older houses were built at the same time to cope with the commencement of the coal industry in the area: the result is that they are fast becoming "worn out," and they will become worn out all at the same time.

Most of the old-fashioned privy middens have been abolished. With the exception of a part of the Stormy area, the town is now completely connected with the water-carriage system.

Twenty-one houses were erected by private enterprise during 1937. The figure for the previous year was 110. Private enterprise, however, helps little in the amelioration of housing conditions, as Skelmersdale is a distressed area, and the rents demanded are uneconomic.

The overcrowding state of the town shows progressive improvement. At the time of the Survey there were 86 overcrowded houses, fifteen of which were owned by the Local Authority. Now there are only 35 houses overcrowded, twelve being Council houses and having three bedrooms each. Of the remaining 23, 21 are houses with two bedrooms, and two are houses with three bedrooms each. 21 of the houses, or 60% of the total overcrowding in the town, is by one or less persons per house.

The table below expressed the position graphically :—

Overcrowded by									Total Houses.
	person $\frac{1}{2}$	person 1	persons $1\frac{1}{2}$	persons 2	persons $2\frac{1}{2}$	persons 4	persons $4\frac{1}{2}$	persons 5	
Privately owned houses	7	7	2	4	2	—	1	—	23
Council Houses	5	2	1	—	1	1	—	2	12
	12	9	3	4	3	1	1	2	35

### HOUSING STATISTICS FOR 1936.

No. of new houses erected during the year :—

(a) Total (including nos. given separately under (b).....	21
(i) By the Local Authority .....	—
(ii) By other Local Authorities .....	—
(iii) By other bodies and persons .....	21
(b) With State assistance under the Housing Acts :—	
(i) By the Local Authority .....	—
(ii) By other bodies or persons .....	—



1. INSPECTION OF DWELLING HOUSES DURING THE YEAR :—	
(1) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts) .....	142
(b) No. of inspections made for the purpose .....	176
(2) (a) Number of dwelling houses which were inspected and recorded under Housing Consolidated Regulations, 1925 .....	56
(3) Number of dwelling houses found to be unfit for human habitation .....	nil
(4) Number of dwelling houses found not to be reasonably fit for human habitation .....	nil
2. REMEDY OF DEFECTS DURING THE YEAR WITHOUT SERVICE OF FORMAL NOTICE.	
No. of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers .....	142
3. ACTION UNDER STATUTORY POWERS DURING THE YEAR :—	
A. Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :—	
(1) No. of dwelling houses in respect of which notices were served requiring repairs .....	nil
(2) No. of dwelling houses in which defects were remedied after service of formal notice .....	nil
C. Proceedings under sections 19 and 21 of the Housing Act, 1930 :—	
(1) No. of dwelling houses in respect of which Demolition Orders were made .....	nil
(2) No. of dwelling houses demolished in pursuance of Demolition Orders.....	nil
D. Proceedings under Section 20 of the Housing Act, 1930 :—	
(1) No. of separate tenements or underground rooms in respect of which Closing Orders were made .....	nil
(2) No. of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .....	nil

## SALE OF FOOD AND DRUGS ACT.

This Act is administered by the County Police.

The accompanying figures have been supplied by the Superintendent of Police at Chorley :—

Samples.	Purchases.
Milk .....	18
Margarine ....	1
Butter .....	1
Flour .....	1
Cheese .....	1
Cocoa .....	1
Soup Powder .....	1
	—
Total .....	24
	—

The County Analyst returned each of these samples as genuine.

## DAIRIES, COWSHEDS AND MILKSHOPS.

These are regularly examined by the Sanitary Inspector, and have generally been found to be clean. The floors of all cowsheds in the town are now concreted and in a satisfactory condition.

There are approximately 99 cows on 8 dairy farms. Eight cowkeepers and 12 dairymen or milk purveyors are on the register. 24 inspections were made during the year.

No action was necessary as to tuberculous milk or cattle..

## MEAT.

All butchers' shops, stalls and the two slaughterhouses in the town are regularly inspected. Of the latter one is registered and one is licensed. No public slaughterhouse has been provided. No meat was condemned during 1937 as unfit for human consumption.

## BAKEHOUSES.

There are 9 bakehouses in the town. Their condition at all inspections was found to be good.

## INFECTIOUS DISEASES.

Sixteen cases of infectious diseases were notified to the department during the year. All of these were notified under the Infectious Disease Notification Act, 1889, and Special Orders of that Act.

	Smallpox	Enteric Fever.	Scarlet Fever.	Measles.	Diphtheria.	Puerperal Pyrexia.	Erysipelas.	Cerebro-Spinal fever.	Poliomyelitis.	Malaria.	Whooping Cough.	Chickenpox.
Cases . . . .	—	—	7	2	2	—	—	—	—	—	8	25
Case Rate per 1000	—	—	1.1	0.3	0.3	—	—	—	—	—	1.3	4.0
Deaths . . . .	—	—	—	—	—	—	—	—	—	—	—	—
Death Rate per 1000	—	—	—	—	—	—	—	—	—	—	—	—
Percentage of deaths to case	—	—	—	—	—	—	—	—	—	—	—	—

Measles, whooping-cough and chickenpox are not notifiable. Information concerning these diseases is supplied mainly by School Attendance Officers and Teachers.

# NOTIFIABLE DISEASES DURING THE YEAR, 1937.

NOTIFIABLE DISEASES.	TOTAL CASES NOTIFIED.													Hospital.	
	Total Cases at all Ages.	YEARS.											Total Deaths.	Total Cases removed to Hospital.	Deaths in Hospital of persons belonging to district
		Under 1	1-3	2-3	3-4	4-	5-10	10-15	15-20	20-35	35-45	45-65	65 & up		
Erysipelas															
Smallpox														4	
Scarlet Fever	7				1	1	5								
Diphtheria	2						1	1						2	
Enteric fever															
Acute primary and acute Influenzal Pneumonia	5									1	2	2	1	1	1
Puerperal Fever and Pyrexia															
Acute Pollomyelitis															
Cerebro-spinal Fever															
Encephalitis Lethargica															
Ophthalmia Neonatorum															
Pulmonary Tuberculosis	3									1		2	3	1	
Other forms of Tuberculosis	1										1			1	
TOTALS ... ..	18				1	1	6	1		2	3	4	4	9	1

The following table shows the number, monthly distribution, and nature of cases of infectious disease coming under the notice of the Medical Officer of Health during 1937 :—

	January	February	March	April	May	June	July	August	September	October	November	December	Totals	Removed to Hospital
Anthrax	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Small-pox	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	1	—	—	—	—	—	—	1	3	1	1	—	7	4
Diphtheria and Croup	—	—	—	—	—	—	—	—	—	—	—	2	2	2
Enteric Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute primary and acute Influenzal Pneumonia	—	3	—	—	—	—	—	—	1	—	—	1	5	1
Puerperal Fever and Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Encephalitis Lethargica	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-spinal Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	—	—	—
MONTHLY TOTALS	1	3	—	—	—	—	—	1	4	1	1	3	14	7



## SUMMARY OF HOSPITAL ADMISSIONS

AND DISCHARGES, 1937.

ADMISSIONS.	Scarlet Fever	.....	.....	4
	Diphtheria	.....	.....	2
	Observation Diphtheria	.....	.....	1
	Septicæmia	.....	.....	1
				<hr/> 8
DISCHARGES.	Scarlet Fever	.....	.....	8
	Septicæmia	.....	.....	1
	Observation Diphtheria	.....	.....	1
				<hr/> 10
				<hr/>
	Journeys with ambulance	.....	.....	7
	Journeys for bedding	.....	.....	8
	Houses attended for disinfection		.....	9
	No. of times disinfector was used		.....	5
	Rooms sprayed	.....	.....	13
	Articles stoved	.....	.....	78

SCARLET FEVER.

The incidence of this disease in Skelmersdale was again small in 1937, only seven cases having been notified, compared with 12 in the previous year. The attack rate was 1.1 per 1,000 of the population.

Hospital admissions were only four—one in January, two (from one family) in September, and one in November. Three of these cases were attending school. The disease was mild in character, and not followed by complications.

In a congested town where most of the houses are almost overcrowded and adequate isolation cannot be carried out, it is often inadvisable to permit home nursing for scarlet fever. The public generally do not realise the necessity of safeguarding the child against the complications of the disease. House-to-house visiting by neighbours goes on despite the presence of infection and despite warning of danger of spreading.

Cases occurring in the Skelmersdale Urban District are admitted by agreement to the West Lancashire Rural District Council's Infectious Diseases Hospital at Aughton.



TABLE SHOWING INCIDENCE AND MORTALITY  
FROM SCARLET FEVER, 1924—1937.

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Cases	6	2	2	—	3	71	13	4	11	8	10	9	12	7
Deaths	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Case Rate per 1000 inhabi- tants	.85	29	29	—	.45	10.45	1.8	.64	1.7	1.3	1.6	1.5	1.97	1.1
Death Rate per 1000 inhabi- tants	—	—	—	—	—	—	—	—	—	—	—	—	—	—

### DIPHTHERIA.

Only two cases were admitted to hospital during the year : both in December.

The second case was notified during Christmas week and was of severe type. The earlier case was very mild. Both were school children. One attended the Methodist and the other at the Council School. No common source of infection could be found.

The following table shows the incidence and mortality from diphtheria from 1924 to 1937 :—

	1924	1925	1926	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936	1937
Cases	—	5	1	4	2	47	28	9	2	3	6	2	1	2
Deaths	—	1	—	1	—	2	1	—	1	1	—	2	1	—
Case per rate 1000 inhabi- tants	—	.17	.14	.57	.29	6.9	4.1	1.4	.16	0.49	0.99	0.33	0.16	0.3
Death rate per 1000 inhabi- tants	—	.14	—	.14	—	.29	0.14	—	.08	0.16	—	0.33	0.16	—
Fatality rate per 100 cases	—	20	—	25	—	4.25	7.1	—	—	33.3	—	100	100	—

The above table clearly shows that though the incidence of diphtheria during the past few years in Skelmersdale has been low, the fatality rate has been particularly high.

## IMMUNISATION AGAINST DIPHTHERIA AND SCARLET FEVER.

Application was made by the Council to the Ministry of Health under Section 133 of the Public Health Act, 1875, for the provision of facilities for carrying out the Schick and Dick tests and the immunisation of the poorer inhabitants of the town against Diphtheria and Scarlet Fever. This was sanctioned by the Minister in March, 1935, on the understanding that the scheme would be under the direct supervision of the Medical Officer of Health and full details published in his Annual Report. Work was commenced in May, 1935.

Explanatory leaflets are circulated to head teachers, and also to all parents of school children, together with consent forms for the parents' signature.

The leaflets give in simple language an explanation of the advantages of preventive treatment and also of the treatment itself. On the consent form the parent indicates his acceptance or rejection on behalf of his child, or alternatively his desire to receive further information.

Treatment is offered at the County Council Child Welfare Centre, to parents bringing their babies there, and the scheme explained to them by the Health Visitor in attendance.

Children in hospital suffering from infectious disease (other than diphtheria) receive protective treatment against the latter during their convalescence. Their homes are visited, and treatment offered to their brothers and sisters.

The School Attendance Officer has also been instrumental in persuading parents to interview the Medical Officer of Health on the matter.

The Local Authority arranged for descriptive leaflets and consent forms to be delivered at every house in Skelmersdale. This has been done twice, the second time about six months after the first.

"The Ormskirk Advertiser" has from time to time published a paragraph advocating treatment.

Propaganda films were exhibited for a week at the Empire Cinema, Skelmersdale, during the course of the ordinary programmes.

All treatment is given by the Medical Officer of Health at the Congregational Schoolroom on Wednesday afternoons.

Children under 5 years of age are immunised against diphtheria only. School children are treated against diphtheria and scarlet fever concurrently at fortnightly intervals, as follows :—

1st visit : Diphtheria Prophylactic T.A.F. 1 c.c. and Scarlet Fever Prophylactic “ A ” 0.5 c.c.

2nd „ Diphtheria Prophylactic T.A.F. 1 c.c. and Scarlet Fever Prophylactic “ D ” 0.1 c.c.

3rd „ Diphtheria Prophylactic T.A.F. 1 c.c. and Scarlet Fever Prophylactic “ D ” 0.2 c.c.

4th „ Scarlet Fever Prophylactic “ D ” 0.5 c.c.

After several years' experience it has been found that this dosage is as adequate as possible. A higher dose of scarlet fever prophylactic leads to troublesome reactions and tends to bring the scheme into disrepute. Apart from this drawback, high dosage would be of value, as with the dosage used mild cases of scarlet fever have occurred among treated children.

The chief aim of the scheme must be the elimination of diphtheria from the district—first, foremost and all along the line—scarlet fever prophylaxis is of value, but only so when it does not cause re-actions so as to influence parents against the acceptance of treatment.

Three months after the completion of treatment, all children are Schick-tested, and a certificate given to those who prove negative.

The attendance of school children has been fairly satisfactory, and that of infants is improving. There is a slow but gradual increase in the attendance of parents.



Particulars of work done in connection with the scheme for Immunisation against Scarlet Fever and Diphtheria since the commencement in May, 1935, to December 31st, 1937.

SCHOOL.	Acceptances.	Total on register	Percentage immunised actually in school. 31/12/37.	Immunised against diphtheria only.	4 Injections against Scarlet Fever.	3 injections against both diseases.	2 injections against both diseases.	1 injection against both diseases.	Preliminary Schick test.	Preliminary Dick test.	Final Schick test	Schick negative.	Negative after re-test.	Absent or left when results were read.	Later refused treatment.
Council 1935-36 1937	91 14	454 475	15.37	— —	8 14	87 13	— —	— —	— —	— —	69 20	63 20	4 —	— —	2 —
Endowed 1935-36 1937	46 11	122 106	26.42	— —	5 11	44 9	— —	— —	— 2	2 —	33 13	30 13	— —	3 —	2 —
Methodist 1935-36 1937	58 18	123 122	38.52	— —	— 17	55 18	— —	1 —	2 —	— —	46 16	37 15	7 1	1 —	1 —
St. R'ard's 1935-36 1937	110 26	119 116	69.83	— 5	3 17	109 21	1 —	— —	13 —	— —	93 15	93 15	— —	5 —	1 —
Over 1935-36 School age 1937	1 —	— —	— —	— —	— —	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —
Under 1935-36 School age 1937	41 23	— —	— —	41 21	— 2	40 23	1 —	— —	— —	— —	— —	— —	— —	— —	— —
Hospital 1935-36 1937	— 10	— —	— —	— 9	— —	— 9	— —	— —	— 1	— —	— 1	— —	— —	— —	— —
Totals 1935 1936	347 102	818 819	— 35.54	41 35	16 61	336 93	2 —	1 —	15 3	2 —	241 64	223 63	11 1	9 —	6 —

# TUBERCULOSIS.

## NEW CASES AND MORTALITY DURING 1937.

Age Periods.				NEW CASES				DEATHS			
				Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
				M.	F.	M.	F.	M.	F.	M.	F.
Years.											
0—1	...	...	..								
1—5	.	...	..								
5—10	...	...	..								
10—15	.	...									
15—20	...	...	...								
20—25	.	...	..		1						
25—35	..	..	..				1				
35—45											
45—55	...	...		1				1			
55—65	...	...			1				1		
65 and upwards	...								1		
Totals				1	2	0	1	1	2		
				3		1		3			

## NOTIFICATIONS ON FORM I.

	Poor Law Institutions.			Sanatoria and Hospitals.		
Pulmonary :—						
Males	..	..	..	—		—
Females	..	..	..	—		1
Non-Pulmonary :—.	..					
Males	..	..	..	—		1
Females	..	..	..	—		—

Schedule “ A ” is used by Medical Practitioners on first becoming aware that a patient is suffering from tuberculosis, unless there is reason for believing that the case had already been notified.

Form I. is for the use of Medical Officers of Poor Law Institutions and Sanatoria to make weekly returns of admissions to their institutions, and applies only to cases which have been previously notified on Schedule “ A.” Form II. is for use on the discharge of a patient from a hospital or sanatorium.

There were three notifications of pulmonary tuberculosis and one of non-pulmonary during the year.

Three deaths (one male and two females) were due to pulmonary tuberculosis. Notification of tuberculosis is very satisfactory.

Dispensary and sanatorium treatment for tuberculosis is administered by the appropriate department of the Lancashire County Council.

## INFLUENZA AND OTHER RESPIRATORY DISEASES.

Influenza was not prevalent during the year; fortunately no deaths occurred from influenza. One death was due to notifiable pneumonia: the total deaths from all forms of the disease was four. All were males.

### STAFF.

Medical Officer of Health—HERBERT E. MARSDEN,  
M.B., D.P.H.

Sanitary Inspector—EDWARD HUNTINGTON.

The Medical Officer is also Medical Officer for the West Lancashire Rural District, and devotes his whole time to Public Health work.

The Sanitary Inspector is also the Surveyor to the Skelmersdale Urban District Council.









